

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED FORM C/OH
CITY OF SAN ANTONIO
CITY CLERK
SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission)

2003 APR 29 A 10 10

Total pages filed

3 CANDIDATE / OFFICEHOLDER NAME	TITLE MR.	FIRST JULIAN	MI	OFFICE USE ONLY	
	NICKNAME	LAST CASTRO	SUFFIX		
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX		APT / SUITE #	CITY	STATE
	715 E. Sunshine			SAN ANTONIO	TX
5 CAMPAIGN TREASURER NAME	TITLE MS.	FIRST MARIA DEL ROSARIO	MI	Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
	NICKNAME ROSIE	LAST CASTRO	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE				
143 Globe San Antonio, TX 78228					
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION	
(210) 436-5284					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
4 / 1 / 03 4 / 24 / 03					
10 ELECTION	ELECTION DATE		ELECTION TYPE		
Month Day Year		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special			
5 / 3 / 03					
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)		
		City Council / Dist. 7		City Council / Dist. 7	
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box: Apt. / Suite #: City: State: Zip Code				

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Julian Castro

2003 APR 29 A 10:10

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4800.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

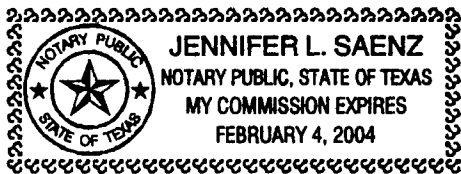
\$ 660.00

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Julian Castro, this the 25th day of April, 2003, to certify which, witness my hand and seal of office.

Jennifer L. Saenz
Signature of officer administering oath

Jennifer L. Saenz
Printed name of officer administering oath

Notary Public
Title of officer administering oath

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR 29 A 10:10 Total pages Schedule F:

2 FILER NAME

Julian Castro

3 ACCOUNT # (Ethics Commission filers)**4 Date**

3/19/03

5 Payee name

Raul Martinez Scholarship Fund

6 Payee address; City; State; Zip Code711 Navarro
S.A. TX 78205**7 Amount**
(\$)

150.00

8 Purpose of payment (See instructions regarding type of information required.)

Scholarship donation/sponsor

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/19/03

Payee name

Cesar Chavez March Foundation

Payee address; City; State; Zip Code1502 S. Flores
S.A. TX 78204**Amount**
(\$)

250.00

Purpose of payment (See instructions regarding type of information required.)

Donation/sponsorship

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4/8/03

Payee name

U-Haul

Payee address; City; State; Zip Code2566 N.W. Loop 410
S.A. TX 78230**Amount**
(\$)

60.00

Purpose of payment (See instructions regarding type of information required.)

deposit for flatbed truck rental

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4/18/03

Payee name

Victor Soto

Payee address; City; State; Zip Code1603 N. Calaveras
S.A. TX 78201**Amount**
(\$)

200.00

Purpose of payment (See instructions regarding type of information required.)

Sign Construction + Distribution

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CREDITS (optional)

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE K

2003 APR 29 A 10:10

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K: /

2 FILER NAME *Julian Castro*

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payor name

8 Amount (\$)

4/15/03

U-Haul International

6 Payor address; City; State; Zip Code

*2727 North Central Ave.
Phoenix, AZ 85036-1502*

60.00

7 Reason for credit

return of deposit cancelled & lot bed rental

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

Date

Payor name

Amount (\$)

Payor address; City; State; Zip Code

Reason for credit

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR 29 10:15 AM
Available on Schedule A1:

2 FILER NAME		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/22/03	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kenneth A + Suzanne B Olesin 6 Contributor address; City; State; Zip Code 6 Chitter Ne Square S. A. Tx 78218	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 4/10/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Daniel B. Markson Contributor address; City; State; Zip Code 2421 Lake Panoast Dr. Apt. 4-c Miami Beach, FL 33140-4015	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4-5/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard Sheldon Contributor address; City; State; Zip Code 601 Sonterra S.A. Tx 78256	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4-10/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Darrel G. Jack Contributor address; City; State; Zip Code 15322 Clear Grove S.A. Tx 78247	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 4/10/03	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jefferson Scott Zimmerman Contributor address; City; State; Zip Code 943 Cypress Ln Winter Park, FL 32789-1207	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR 29 A 10:10

1 Total pages this Schedule A1:

2 FILER NAME

Julian Castro

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/10/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Carter + Burgess Political Com.

6 Contributor address; City; State; Zip Code

911 Central Parkway Suite 425
S.A. TX 78232-5065

7 Amount of
contribution (\$)

500.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/21-03

Full name of contributor

☐ out-of-state PAC (ID#)

Sheet Metal Workers Pol. Action

Contributor address; City; State; Zip Code

130 Avenue del Rey
S.A. TX 78216

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4-22-03

Full name of contributor

☐ out-of-state PAC (ID#)

H. B. Zachry, JR.

Contributor address; City; State; Zip Code

310 S. St. Mary's No 2500
S.A. TX 78205

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/22-03

Full name of contributor

☐ out-of-state PAC (ID#)

John B. Zachry

Contributor address; City; State; Zip Code

P.O. Box 240130
S.A. TX 78224

Amount of
contribution (\$)

200.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4-22-03

Full name of contributor

☐ out-of-state PAC (ID#)

DAVID S. Zachry

Contributor address; City; State; Zip Code

P.O. Box 240130

Amount of
contribution (\$)

200.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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SCHEDULE A1

FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

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2003 APR 29

1 Total pages in this Schedule A1:

A 10-10

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

4/16/03

Joseph W. Bishop

6 Contributor address; City; State; Zip Code

1984 North FM 730

Decatur, TX 76234

100.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

4-1-03

FAT Maloney Jr

Contributor address; City; State; Zip Code

239 E. Commerce

S.A. TX 78205

1000.00

500.00
to be returned

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

4-1-03

Lorffler, Jonas & Tuggey LLP

Contributor address; City; State; Zip Code

755 E. Mulberry, Suite 200

S.A. TX 78212

1000.00

500 to be
returned

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

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